

**Lions 19-B  
Watters Charitable Trust**

c/o Nancy Sorensen  
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**DONATION REQUEST FORM**

Date of Request:	Contact Person:	Phone Number:
Name of Requesting Club or Organization:		E-Mail Address:
Address:		
Amount Requested:	Describe Nature of Request:	
How will approval of this request benefit the community?		

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*Foundation Use Only*

Date Request Received: \_\_\_\_\_ Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Amount Approved: \$ \_\_\_\_\_ Check Number/Date Sent: \_\_\_\_\_